agrees in every particular with that arising from local infection. While the lesions show a predilection for the extremities, the hands, feet, and elbows, they also occur on other parts, such as the nates, the trunk, the face, and genitalia.

The Significance of Cholesterin in Xanthoma.—SCHMIDT (*Dermatol. Zeitsch.*, Band xxi, Heft 2), employing the newer methods for the estimation of cholesterin in the blood and organs, has studied five cases of xanthoma, and found in all five patients a more or less considerable cholesterinemia, the cholesterin content being greatest in those in whom the clinical symptoms were most marked. The results of his investigation confirm completely the views of Pinkus and Pick that in patients with icterus and diabetes an infiltration of cholesterin fatty-acid esters takes place in the endothelial cells of the cutis and in the connective tissue, and that the deposition of these constitutes the chemical and histological characteristic of xanthoma. Schmidt believes that the cause of the xanthoma formation is to be sought in a constitutional anomaly in which an increase of cholesterin in the blood appears.

Dermatitis Papillaris Capillitii (Kaposis); Acne Keloid.—ADAMSON (*British Jour. Dermat.*, March, 1914), as the result of a recent study of four cases of this interesting affection, inclines to support the view of Kaposi that it is a chronic inflammation with the formation of new connective tissue which leads by pressure to atrophy of the glands and follicles. He regards friction by the edge of the collar as an etiological factor, and thinks a combined microbic and traumatic origin likely. He does not believe the acne bacillus nor the Staphylococcus pyogenes responsible for the affection, which in his opinion is not related to acne nor sycosis; nor is it true keloid. As to the treatment the author believes most success is obtained with the *x*-rays, using large and repeated doses.

Epidemic Alopecia Areata.—DAVIS (*British Jour. Dermat.*, June, 1914) reports an extensive epidemic of an affection resembling alopecia areata, occurring in an orphanage containing about 300 children, all of them girls. The first case was observed in March, 1913, and at the end of June there were no less than 174 cases. Daily washing with methylated spirit and soap and the application of ointments of β-naphtol and sulphur soon brought the diseases under control. A year later there was a new but less extensive outbreak which speedily yielded to treatment, which consisted this time in painting the patches with liniment of iodin. The patches were more like those of ringworm than ordinary alopecia areata, containing numerous stumps of hairs, but no fungus could be found. Although reporting the epidemic as alopecia areata, the author thinks it questionable whether the disease is properly so described.

Lichenoid Trichophytosis.—GUTH (*Archiv. f. Dermat. und Syph.*, Band cxviii, Heft 3), under the name lichenoid trichophytosis, reports fifteen cases of a disseminated or grouped lichenoid, occasionally psoriasiform eruption, which he has thus far observed only in deep trichophytosis, especially in kerion of children. He regards the eruption as the expression of the trichophytin hypersensitiveness which appears in deep trichophytosis as an immunity phenomenon. By the application of trichophytin or the trichophyton to specifically hypersensitive skins analogous changes may be produced. The pathogensis of the spontaneous exanthem is not yet explained.

Fungus Affections of the Hands and Feet.—KAUFMANN-WOLF (*Dermatol. Zeitsch.*, Band xxi, Heft 5), under the above title, reports twenty-five cases of eruptive disease situated on the hands and feet, resembling at times dysidrosis at others eczema, in which various fungi were demonstrable. In 17 of these cases the trichophyton was present; in the remainder various other fungi were found. The author concludes that fungous affections of the hands and feet appear frequently under the picture of dysidrosis or of eczema. The chief symptom is deep-seated, grouped vesicles, which are inclined to suppuration and seldom ooze. The vesicles always lie within the epidermis, and, notwithstanding the absence of recognizable fungous elements in their contents, are infectious, as is shown by culture. The fungus is found in the uppermost layers of the epidermis.

PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

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The Diagnosis between Exudates and Transudates.—MAURICE VILLARET (*Jour. de Physiol. et de Path. génerale,* May 15, xv, No. 3) publishes two articles dealing with the methods at his disposal for distinguishing exudates from transudates. In the beginning he deals with the various reactions with which we are already familiar. The Rivalta, dating from 1895, consists in the use of distilled water faintly acidulated with acetic acid into which is gently dropped one drop of the fluid to be tested. In the case of a positive reaction, such as is given by an exudate, the drop descends, slowly becoming turbid, and finally bluish-white. As to the explanation of the reaction, Villaret favors the view of Patein, that the reaction is due to a specific albumin, acetoglobulin. It must be admitted that the subject has been widely debated without any fixity of opinion being as yet reached. The reaction of Gangi consists in taking from 3 to 4 c.c. of hydrochloric acid in a test-tube, and laying on top of it, carefully, 4 or 5 c.c. of the fluid to be tested and leaving it for some hours. If the reaction is positive, as occurs with an exudate, the upper fluid becomes turbid,